



IPFQR Program: Keys to Successful FY 2024 Reporting

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Purpose

This presentation provides inpatient psychiatric facilities (IPFs) and their vendors with the following information:

- Fiscal year (FY) 2024 IPFQR Program requirements for the upcoming August 15, 2023, data submission deadline
- Keys to successful data submission
- Guidance to verify data accuracy

Learning Objectives

Participants will be able to:

- Summarize the FY 2024 IPFQR Program requirements.
- Successfully submit data by avoiding common submission errors in the Hospital Quality Reporting (HQR) system.
- Locate and access helpful IPFQR Program resources.

IPFQR Program: Keys to Successful FY 2024 Reporting

FY 2024 Reporting Requirements

FY 2024 IPFQR Program Annual Payment Update (APU)

To obtain the full APU for the FY 2024 payment year, an IPF must meet all IPFQR Program requirements by August 15, 2023, or be subjected to a **2-percentage point reduction** to their APU for FY 2024.

FY 2024 IPFQR Program Requirements

Due by August 15, 2023

- Pledge a status of “Participating” in the IPFQR Program Notice of Participation (NOP).
- Submit the following:
 - Hospital-Based Inpatient Psychiatric Services (HBIPS)-2, -3, -5
 - Substance Use (SUB)-2/-2a, -3/3a
 - Influenza Immunization (IMM)-2
 - Tobacco Use (TOB)-2/-2a, -3/-3a
 - Transition Record with Specified Elements Received by Discharged Patients
 - Screening for Metabolic Disorders (SMD)
 - Non-measure data
- Complete the Data Accuracy and Completeness Acknowledgement (DACA).

FY 2024 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
HBIPS-2: Hours of Physical Restraint Use	January 1– December 31, 2022	August 15, 2023	No
HBIPS-3: Hours of Seclusion Use	January 1– December 31, 2022	August 15, 2023	No
HBIPS-5: Patients Discharged on Multiple Antipsychotic Medications with Appropriate Justification	January 1– December 31, 2022	August 15, 2023	Yes
SUB-2: Alcohol Use Brief Intervention Provided or Offered and SUB-2a: Alcohol Use Brief Intervention	January 1– December 31, 2022	August 15, 2023	Yes
SUB-3: Alcohol and Other Drug Use Disorder Treatment Provided or Offered at Discharge and SUB-3a: Alcohol and Other Drug Use Disorder Treatment at Discharge	January 1– December 31, 2022	August 15, 2023	Yes

*See Section 4: Population and Sampling Specifications, starting on page 97 of the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.0b](#) for more details about sampling options specific to calendar year (CY) 2022 discharges.

FY 2024 IPFQR Program Chart-Abstracted Measure Requirements

Measure	Reporting Period	Submission Deadline	Sampling Allowed *
TOB-2: Tobacco Use Treatment Provided or Offered and TOB-2a: Tobacco Use Treatment	January 1– December 31, 2022	August 15, 2023	Yes
TOB-3: Tobacco Use Treatment Provided or Offered at Discharge and TOB-3a: Tobacco Use Treatment at Discharge	January 1– December 31, 2022	August 15, 2023	Yes
IMM-2: Influenza Immunization	October 1, 2022 – March 31, 2023	August 15, 2023	Yes
SMD: Screening for Metabolic Disorders	January 1– December 31, 2022	August 15, 2023	Yes
TR-1: Transition Record with Specified Elements Received by Discharged Patients	January 1– December 31, 2022	August 15, 2023	Yes

*See Section 4: Population and Sampling Specifications, starting on page 97 of the [Specifications Manual for National Inpatient Psychiatric Facility Quality Measures, Version 1.0b](#) for more details about sampling options specific to CY 2022 discharges.

IPFQR Program: Keys to Successful FY 2024 Reporting

Keys to Successful Reporting

Key #1: Access and log in to the *HQR Secure Portal*

The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS.

CMS **highly** recommends that all IPFs ensure at least two people with knowledge of the data can verify the accuracy of the data entered in the *HQR Secure Portal*, even if a vendor enters the data.

Key #1: Access and log in to the *HQR Secure Portal*

You will need to log in to the *HQR Secure Portal*.

1. Go to <https://hqr.cms.gov/hqrng/login>.
2. Enter your Health Care Quality Information Systems Access Roles and Profile (HARP) User ID and password.
3. Click the hyperlink below the Password field to view the terms and conditions for accessing the HQR system.

CMS.gov | Hospital Quality Reporting Sign up

Welcome to
CMS.gov | Hospital Quality Reporting

Log in
Enter your HARP user ID and password

User ID
User ID

Password
Password

Having trouble logging in?

By logging in, you agree to the [Terms & Conditions](#)

Log in Sign up

Key #1: Access and log in to the *HQR Secure Portal*

Terms & Conditions

✕ Close

This warning banner provides privacy and security notices consistent with applicable federal laws, directives, and other federal guidance for accessing this Government system, which includes (1) this computer network, (2) all computers connected to this network, and (3) all devices and storage media attached to this network or to a computer on this network.

This system is provided for Government-authorized use only.

Unauthorized or improper use of this system is prohibited and may result in disciplinary action and/or civil and criminal penalties.

Personal use of social media and networking sites on this system is limited as to not interfere with official work duties and is subject to monitoring.

By using this system, you understand and consent to the following: The Government may monitor, record, and audit your system usage, including usage of personal devices and email systems for official duties or to conduct HHS business. Therefore, you have no reasonable expectation of privacy regarding any communication or data transiting or stored on this system. At any time, and for any lawful Government purpose, the government may monitor, intercept, and search and seize any communication or data transiting or stored on this system.

Any communication or data transiting or stored on this system may be disclosed or used for any lawful Government purpose.

Okay

Key #1: Access and log in to the *HQR Secure Portal*

4. Click the Log In button. If you do not have a HARP account, then click on the Sign Up button and follow instructions to create one. Refer to the [Setting Up Your HARP Account for Hospital Quality Reporting](#) webinar for additional guidance.

Log in

Enter your HARP user ID and password

User ID

Password

[Having trouble logging in?](#)

By logging in, you agree to the [Terms & Conditions](#).

Key #1: Access and log in to the *HQR Secure Portal*

5. Select an option for two-factor authentication to verify your account. Then, click Next.

Two-factor authentication

Choose an authentication method

SMS to +1 XXX-XXX-XXXX 

Don't have access to a device? [Use another method.](#)

Next Cancel

Key #1: Access and log in to the *HQR Secure Portal*

6. Enter the code received. Then, click Next.

Two-factor authentication

Code sent via SMS to +1 XXX-XXX-7595

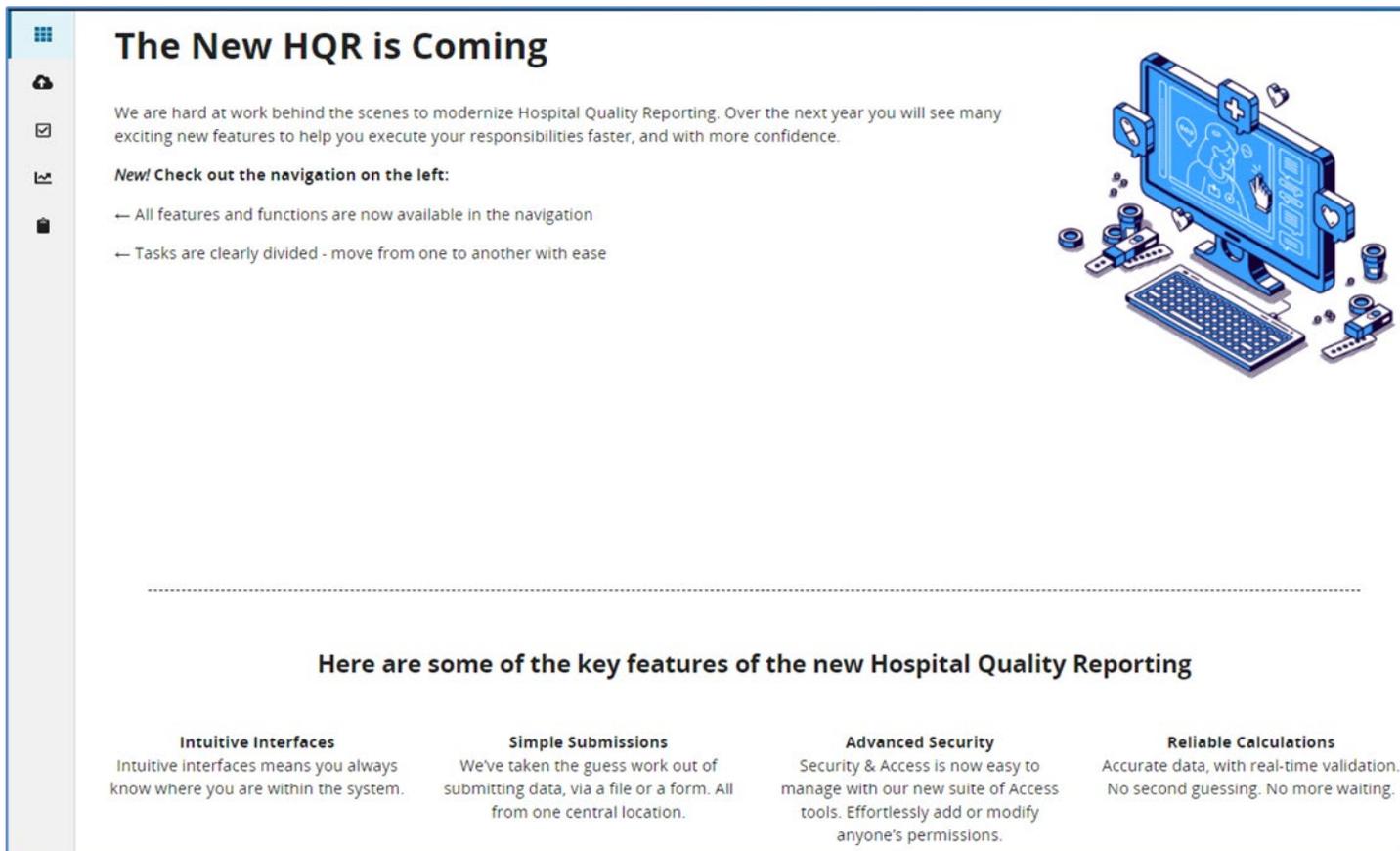
Enter code

[Resend code](#) [Change method](#)

Next Cancel

Key #1: Access and log in to the *HQR Secure Portal*

Once logged in, you will see the HQR landing page.

A screenshot of the HQR landing page. The page has a light blue header with a navigation menu on the left containing icons for home, checkmarks, a list, and a folder. The main content area has a title 'The New HQR is Coming' followed by a paragraph about modernizing Hospital Quality Reporting. Below this is a 'New!' section with two bullet points. To the right is an illustration of a computer monitor with various icons, a keyboard, and a mouse. A dashed line separates this section from the 'Key features' section below. The 'Key features' section has a title and four columns, each with a feature name and a brief description.

The New HQR is Coming

We are hard at work behind the scenes to modernize Hospital Quality Reporting. Over the next year you will see many exciting new features to help you execute your responsibilities faster, and with more confidence.

New! Check out the navigation on the left:

- ← All features and functions are now available in the navigation
- ← Tasks are clearly divided - move from one to another with ease



Here are some of the key features of the new Hospital Quality Reporting

<p>Intuitive Interfaces</p> <p>Intuitive interfaces means you always know where you are within the system.</p>	<p>Simple Submissions</p> <p>We've taken the guess work out of submitting data, via a file or a form. All from one central location.</p>	<p>Advanced Security</p> <p>Security & Access is now easy to manage with our new suite of Access tools. Effortlessly add or modify anyone's permissions.</p>	<p>Reliable Calculations</p> <p>Accurate data, with real-time validation. No second guessing. No more waiting.</p>
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Key #2: Have Two Active Security Officials (SOs)

- An SO is a person in the organization who can grant *HQR Secure Portal* access to those who need to enter, review, and confirm accuracy of the data submitted.
- It is necessary for every facility participating in the IPFQR Program to designate at least one active SO to ensure that someone has access to the *HQR Secure Portal* to meet the program requirements.
- A second SO is highly recommended as a backup to prevent interruption of *HQR Secure Portal* access if the primary SO's account expires or in case of staffing changes. The process to create a new SO account may take up to four weeks.

Key #2: Have Two Active SOs

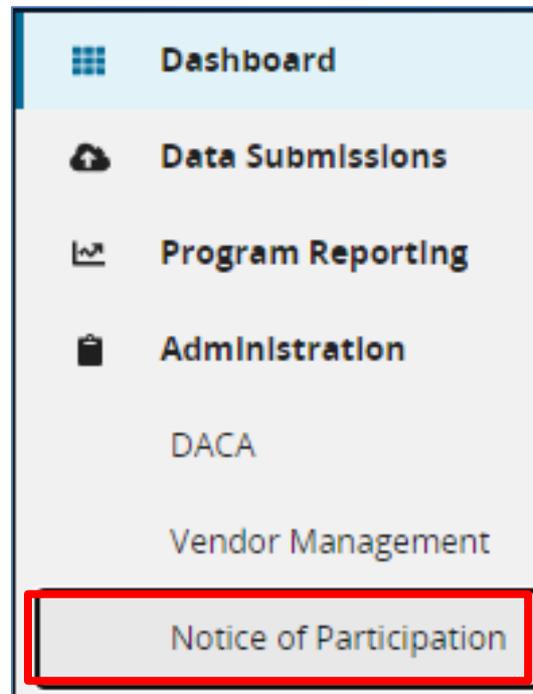
- The FY 2024 IPFQR Program Guide, on page 6, provides instructions about setting up an active SO account. Download the instructions from the [QualityNet IPFQR Program Resources](#) page.
- You must log in to the HQR Secure Portal at least once every 90 days to keep accounts active.
- Consider putting a reminder on your calendar to log in every two months to avoid an inactive status so that your account remains active throughout the year.

If you are not sure of your SO status, contact the Center for Clinical Standards and Quality (CCSQ) Service Center at (866) 288-8914 or QNetSupport@cms.hhs.gov for assistance.

Key #3: Manage the NOP

To access a facility's NOP:

1. Log onto the *HQR Secure Portal*.
2. Hover your mouse on the left side of the screen to expand the menu options. Click on Administration and Notice of Participation.



Key #3: Manage the NOP

If your facility participates in more than one quality reporting program, as shown in the image below, then you will have the option to view each program's NOP.

3. Click the View button on the IPFQR row.



Key #3: Manage the NOP

- If you are participating in the IPFQR Program for the first time, click on the Manage Contacts link in the last column of the table to enter the name and contact information for at least two contacts at your facility. They will receive any updates that occur with the IPFQR Program NOP.
- Click on the plus (+) sign next to the text Notice of Participation to review/sign the NOP.

< Notice of Participation

Notice of Participation

Export PDF

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

⚠ Note: If you want to pledge, you must identify two contacts to receive notification of pledge changes

Fiscal Year	NOP Signed	Medicare Accept Date	Summary Table	Organization Contacts
....	Not Pledged	08/12/2020	View Summary Table	Manage Contacts

+ Notice of Participation ⚠ Not Pledged

- If the IPF closes or chooses not to participate, contact the IPFQR Program support contractor at IPFQualityReporting@hsag.com to learn how to withdraw from the IPFQR Program.

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

- Compare this year's values to those submitted in previous years, where applicable.
 - Significant changes in values should invite closer review before finalizing submission.
- Measure values should always be reviewed by one or more person(s) familiar with the following information:
 - Facility's operations
 - Facility's annual census
 - Facility's population
- Values that seem out of line with general expectations should be reviewed to verify accuracy.

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Tool to Assist with Identifying Questionable Data

- The tool lists criteria to help IPFs identify the following types of questionable data:
 - Entered in error
 - Missing
 - Invalid
 - Exceeds normal parameters
- If you have questions about your IPF's data in relation to these criteria, email us at IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program 

[The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 15, 2023, deadline for fiscal year (FY) 2024 payment determination. If you find that your data meet one or more of the criteria listed below, CMS strongly recommends that you recheck the data for accuracy.]

 The criteria for identifying questionable HBIPS-2 and HBIPS-3 measure data include denominator values that are:

- Different from one another (i.e., not equal to the number of psychiatric inpatient days).
- Less than the Total Annual Discharges reported for the IPF.
- Accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days.
- Significantly different from previous submissions.
- Mistakenly reported as the number of days in a calendar year.
- More than 365 times the total number of beds at the IPF.

Note: An HBIPS-2 measure rate that equals or exceeds six (6) hours per 1,000 patient hours of care should be checked for accuracy. Likewise, an HBIPS-3 measure rate that equals or exceeds four (4) hours per 1,000 patient hours of care should be checked for accuracy.

 The criteria for identifying questionable HBIPS-5, SUB-2/-2a, SUB-3/-3a, TOB-2/-2a, TOB-3/-3a, IMM-2, Transition Record with Specified Elements Received by Discharged Patients, and Screening for Metabolic Disorders measure data are:

- The denominator is greater than the Total Annual Discharges.
- The numerator exceeds the denominator.

 In the SUB-2 measure, is the subset measure denominator greater than the primary measure denominator? For example, check if the SUB-2a denominator is greater than the SUB-2 denominator.

 In the SUB-3, TOB-2, and TOB-3 measures, is the subset measure numerator greater than the primary measure numerator? For example, check if the:

- SUB-3a numerator is greater than the SUB-3 numerator.
- TOB-3a numerator is greater than the TOB-3 numerator.

 Criteria for identifying questionable non-measure data are the total number of discharges by:

- Age Strata is greater than the Total Annual Discharges.
- Diagnostic category is greater than the Total Annual Discharges.
- Payer category is greater than the Total Annual Discharges.

If you have questions regarding the criteria described above as it pertains to your facility's data in the Hospital Quality Reporting System, email IPFQualityReporting@hsag.com with "Measure Accuracy Question" in the subject line.

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data

- The calculated HBIPS-2 measure values should not equal or exceed six (6) hours per 1,000 patient hours of care.
- The calculated HBIPS-3 measure values should not equal or exceed four (4) hours per 1,000 patient hours of care.

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data

To avoid questionable data, the data elements that comprise the denominator value for the HBIPS-2 and HBIPS-3 measures are entered in the same data entry field.

HBIPS-2 and HBIPS-3 Denominator	
Sum of number of days each Medicare patient was:	
* Included in psychiatric inpatient census during month	Psychiatric Inpatient Days - Medicare Only
<input type="text" value="Ex. 0,1,2,3,...,999999"/>	
* Absent from facility	Total Leave Days - Medicare Only
<input type="text" value="Ex. 0,1,2,3,...,999999"/>	
Sum of number of days each non-Medicare patient was:	
* Included in psychiatric inpatient census during month	Psychiatric Inpatient Days - Non-Medicare Only
<input type="text" value="Ex. 0,1,2,3,...,999999"/>	
* Absent from facility	Total Leave Days - Non-Medicare Only
<input type="text" value="Ex. 0,1,2,3,...,999999"/>	

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data

Re-check your data for the measures below if:

1. The denominator is greater than the Total Number of Discharges.
2. The numerator exceeds the denominator.

- | | |
|----------------------------------------|--------------------------------------------|
| <input type="checkbox"/> HBIPS-5 | |
| <input type="checkbox"/> SUB-2/-2a | <input type="checkbox"/> IMM-2 |
| <input type="checkbox"/> SUB-3/-3a | <input type="checkbox"/> Transition Record |
| <input type="checkbox"/> TOB-2/-2a | with Specified |
| <input type="checkbox"/> TOB-3/-3a | Elements Received by |
| <input type="checkbox"/> Screening for | Discharged Patients |
| Metabolic Disorders | |

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data

- Check the data for SUB-2 measure if the subset measure (SUB-2a) denominator is greater than the primary measure (SUB-2) denominator.
- Check the data for the measures below if the subset measure numerator is greater than the primary measure numerator.

- SUB-3
- TOB-2
- TOB-3

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data

- The total number of discharges by Age Strata is greater than the Total Annual Discharges.
- The total number of discharges by Diagnostic Categories is greater than the Total Annual Discharges.
- The total number of discharges by Payer category is greater than the Total Annual Discharges.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

In the IPFQR Program, the term “patient-level reporting” describes data that are abstracted from patient medical records into discrete XML files and then uploaded into the *HQR Secure Portal*.

CMS also collects facility-level data from IPFs in XML files pertaining to annual, aggregated data.

In this presentation, we will use “patient-level reporting” to broadly describe the XML files that will be uploaded into the *HQR Secure Portal*, and specify facility-level data, as needed.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

The *HQR Secure Portal* is the **only** CMS-approved method for submitting IPFQR Program data and the DACA directly to CMS.

CMS **highly** recommends that all IPFs have **at least two people** with knowledge of the data to verify the accuracy of the data in the *HQR Secure Portal*, even if a vendor enters the data.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

Test Environment

- Ensure all data are accurate before uploading into the production environment.
- Validate vendor authorizations.
- Verify whether the XML file layout is correct.
- Review reasons for rejection (i.e., edit messages).
- Review measure set counts.

Production Environment

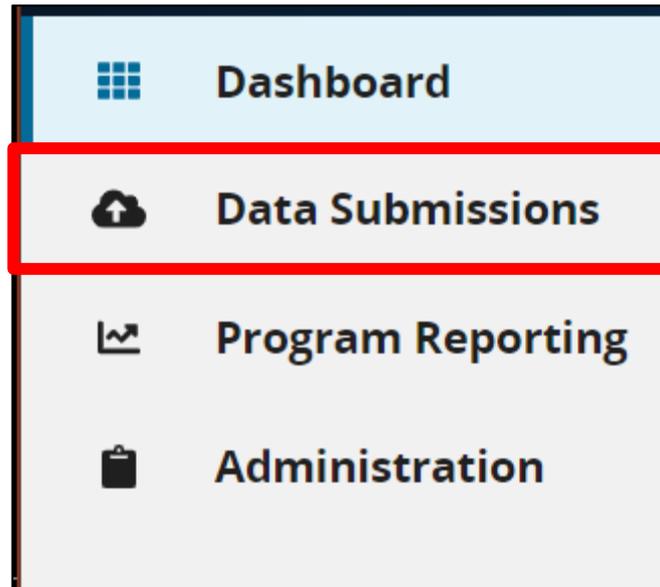
- Upload clean, actual XML data files for submission to CMS.
- Data from these files will be used to calculate measure numerator, denominator, and rate values.
- **Only** data submitted into this environment will be submitted to CMS.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

To upload XML files:

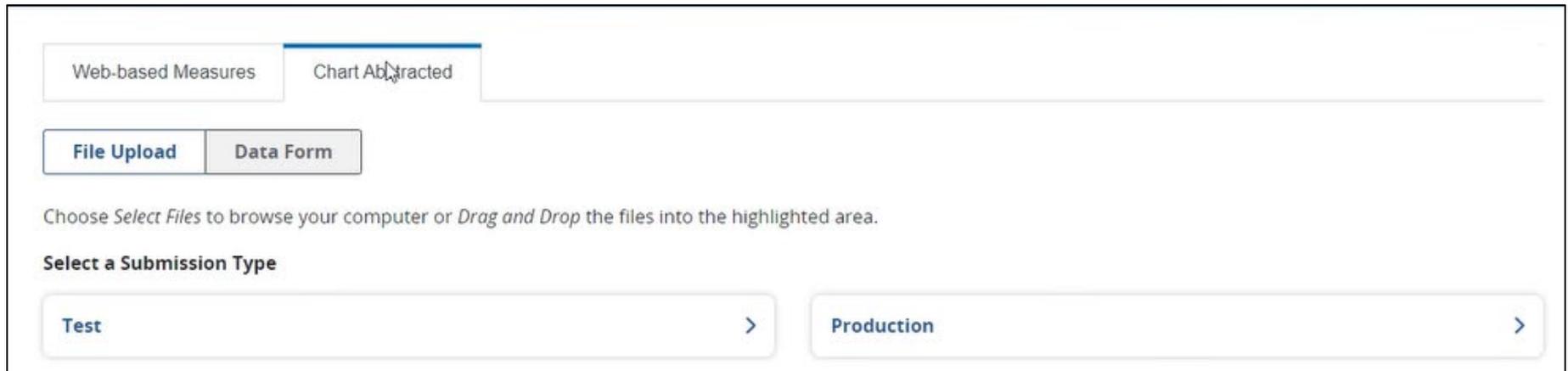
1. Log into the *HQR Secure Portal*.
2. Hover your mouse on the left side to expand menu options.
3. Click on Data Submissions.



Key #5: Enter Data and Verify Accuracy

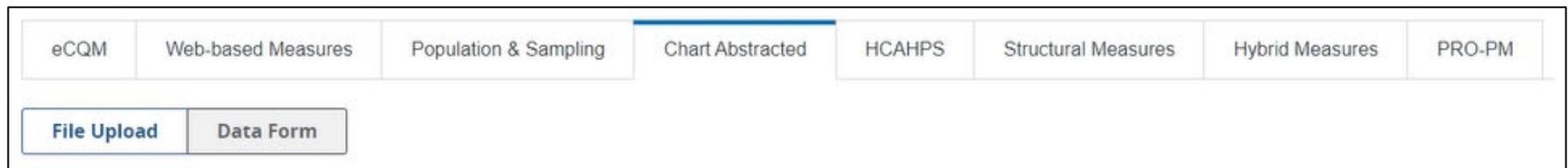
Patient-Level Reporting of IPFQR Program Data

The image below appears on the next screen if you only have access to upload data for the IPFQR Program.



The screenshot shows a web interface for data upload. At the top, there are two tabs: 'Web-based Measures' and 'Chart Abstracted'. The 'Chart Abstracted' tab is selected and highlighted with a blue underline. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'. Below the buttons, there is a text instruction: 'Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.' Below this instruction, there is a section titled 'Select a Submission Type' with two buttons: 'Test' and 'Production'. Both buttons have a right-pointing chevron icon.

If you have access to upload data for more than one Quality Reporting Program, you will see multiple tabs at the top of the screen.



The screenshot shows a web interface for data upload with multiple tabs. The tabs are: 'eCQM', 'Web-based Measures', 'Population & Sampling', 'Chart Abstracted', 'HCAHPS', 'Structural Measures', 'Hybrid Measures', and 'PRO-PM'. The 'Chart Abstracted' tab is selected and highlighted with a blue underline. Below the tabs, there are two buttons: 'File Upload' and 'Data Form'.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

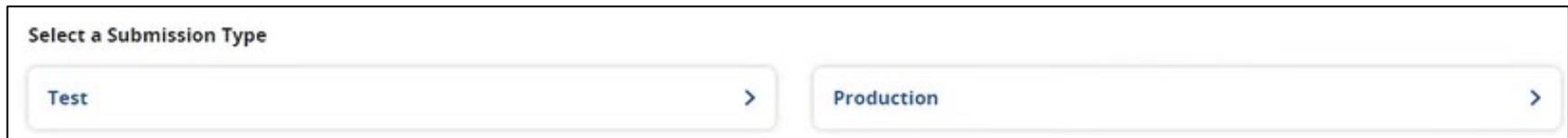
4. Next, click the **Chart Abstracted** (not the Web-based Measures) tab.

The image displays two screenshots of a web interface. The top screenshot shows the 'Chart Abstracted' tab highlighted with a green box, while the 'Web-based Measures' tab is unselected. Below the tabs are buttons for 'File Upload' and 'Data Form', followed by instructions: 'Choose Select Files to browse your computer or Drag and Drop the files into the highlighted area.' Underneath is a section titled 'Select a Submission Type' with two dropdown menus, one set to 'Test' and the other to 'Production'. The bottom screenshot shows the 'Web-based Measures' tab circled with a red 'X' and the 'Chart Abstracted' tab selected, indicating that the 'Web-based Measures' tab is incorrect for this step.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

We recommend uploading files into the Test environment first to ensure file accuracy and completeness.



A screenshot of a web interface showing a selection menu for submission types. The title is "Select a Submission Type". There are two buttons: "Test" and "Production", each with a right-pointing chevron icon.

5. Click on Test to upload an XML file into the Test environment.



A screenshot of a web interface for file upload. At the top, there are two tabs: "Web-based Measures" and "Chart Abstracted", with the latter being selected. Below the tabs is a text instruction: "Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area." Below this is a large, light gray rectangular area. At the top left of this area is a blue pencil icon and the text "Change Selection". At the bottom left of this area is the text "Test".

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

6. Click the blue Select Files button to upload the XML files or drag and drop the XML files into the designated area.

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

[Change Selection](#)

Test

Search

Search

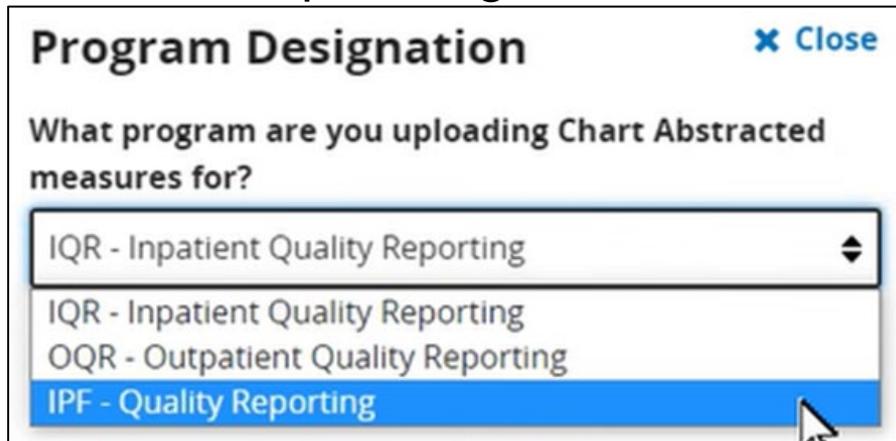
Drag files here to upload

or

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

If you have access to more than one Quality Reporting Program, then, after you select the file to be uploaded, you will have the option to select the program to upload XML files. Choose IPF Quality Reporting for Program Designation when uploading Chart Abstracted files.



Program Designation ✕ Close

What program are you uploading Chart Abstracted measures for?

IQR - Inpatient Quality Reporting

IQR - Inpatient Quality Reporting

OQR - Outpatient Quality Reporting

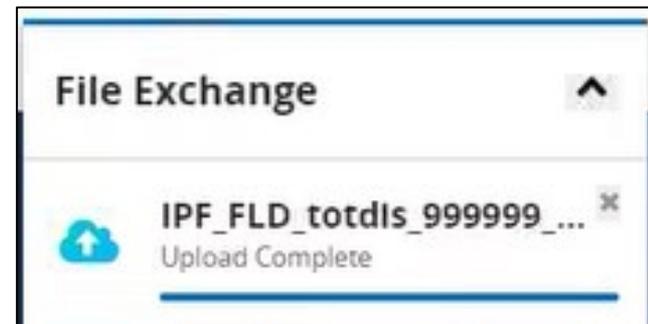
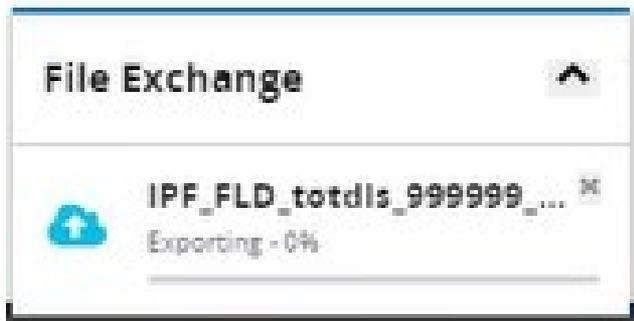
IPF - Quality Reporting

Note: For a vendor to upload XML files on behalf of an IPF, the vendor must be authorized by the IPF to upload files and the specific individual from the vendor must have the appropriate permission in the HQR Secure Portal to upload files.

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

In the lower right corner of your screen, you will see a message indicating the upload status of the XML file upload.



Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

When you are ready to upload XML files into the Production environment, you can do so one of two ways.

1) Click the Change Selection link and select Production from the drop-down menu under Select a Submission Type. Then, click the blue Display Results button.

The screenshot illustrates the steps for uploading XML files to the Production environment. It shows a file upload area with a 'Change Selection' button highlighted in red. Below this, a dropdown menu for 'Select a Submission Type' is shown with 'Production' selected and highlighted in red. To the right, there are 'File Upload' and 'Data Form' buttons. At the bottom center, a blue 'Display Results' button is visible.

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

Change Selection

Production

× Cancel

Select a Submission Type

Test

Test

Production

Test

File Upload Data Form

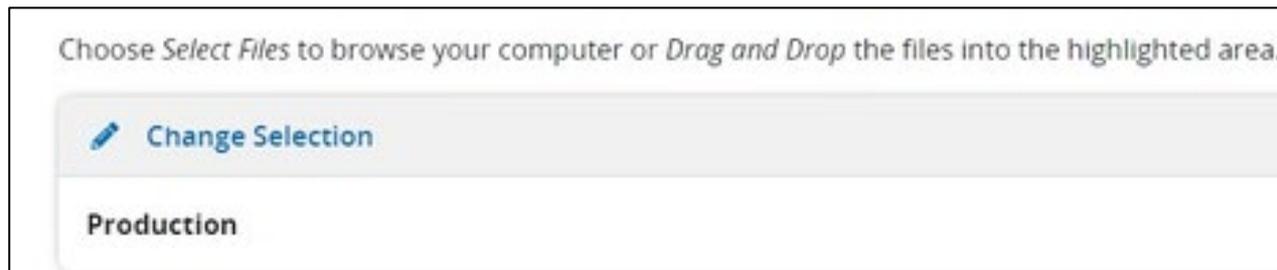
Display Results

Acronyms

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

2) Click the File Upload. This will bring you back to the Chart Abstracted tab landing page. Click on the Production button to see the page where you can upload XML files.



Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

Web-based Measures

Chart Abstracted

File Upload

Data Form

Choose *Select Files* to browse your computer or *Drag and Drop* the files into the highlighted area.

 Change Selection

Production

Search

Search



Reset

 Select Files

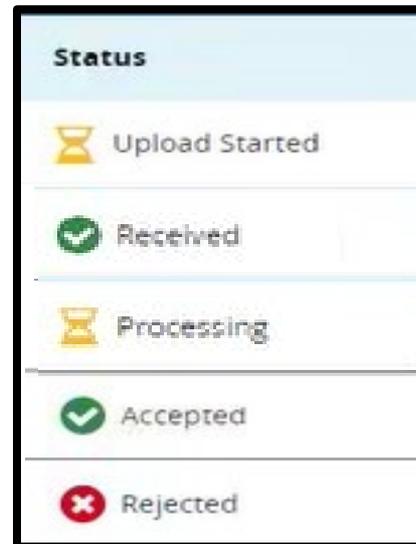
Batch File Name	Batch ID	Program	File Size	Upload Date ▾	Uploaded By	Status
<input type="checkbox"/> IPF_FLD_totdi.....	3143728	IPF	1769 bytes	6/15/2023	NEURODIAGNOSTIC ...	 Accepted
<input type="checkbox"/> IPF_FLD_totdi.....	3143213	IPF	1769 bytes	6/12/2023	NEURODIAGNOSTIC ...	 Accepted

Key #5: Enter Data and Verify Accuracy

Patient-Level Reporting of IPFQR Program Data

There are multiple status options that can appear in the Status column.

- 1) Upload Started
- 2) Received
- 3) Processing
- 4) Accepted
- 5) Rejected



If the file remains in the Upload Started status for more than two minutes, this may be due to an issue with the file or the system.

If you try again to upload the file and the same issue occurs, we recommend that you submit a ticket to the CCSQ Service Center via email QNetSupport@cms.hhs.gov or phone at 866-288-8912.

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

Submission Detail

Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit / discharge / event dates, upload date, action code, file name, file status, whether it is a test case, and edit messages.

Potential Duplicate

Identify potential duplicates to determine if the records pertain to two different episodes of care or if the duplicates are due to incorrect entry of a patient identifier.

Case Status Summary

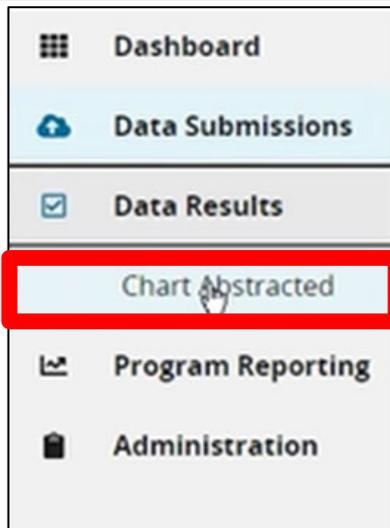
Review measure set counts, including the number of unique cases submitted, accepted, and rejected.

Key #5: Enter Data and Verify Accuracy

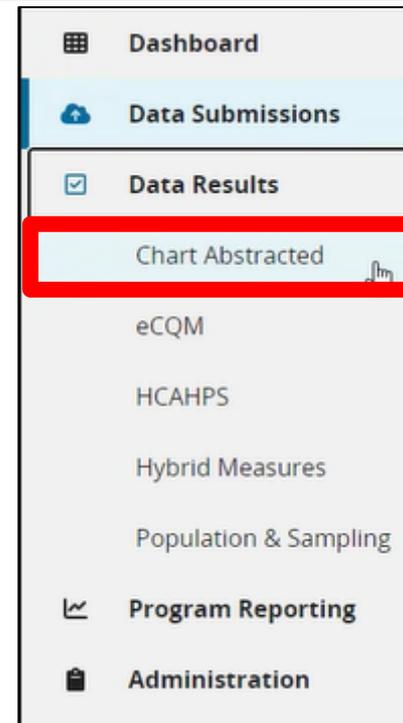
XML File Upload Reports of IPFQR Program Data

1. From the left menu, click on Data Results and Chart Abstracted.

IPFQR Program Options



IPFQR, Hospital Inpatient Quality Reporting, and Hospital Outpatient Quality Reporting Program Options



Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

2. In the File Accuracy tab, select IPFQR under Program. (If your provider participates in more than one Quality Reporting Program, then you may see other programs in the drop-down.)

Data Results - Chart Abstracted

File Accuracy Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program
Select Program
Select Program
IPFQR
IQR
OQR

Report
Select Report

Quarter
Select Quarter

Export CSV

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

3. Under Report, select the report you wish to review.

Data Results - Chart Abstracted

File Accuracy | Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program: IPFQR

Report: **Select Report** (dropdown menu open showing: Select Report, Case Status Summary, Potential Duplicate, Submission Detail)

Fiscal Year: Select Year

Export CSV

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

4. Under Fiscal Year, select 2024.

Data Results - Chart Abstracted

File Accuracy Claims Details

File Accuracy

This is where you see the accuracy of your files, and potential duplicates. It encompasses data from the Quality Net legacy reports, including: Case Status Summary, Submission Detail, and Potential Duplicate Records.

Program: IPFQR Report: Select Report Fiscal Year: Select Year

Export CSV

2024

5. Click the blue Export CSV button to export the report.

Export CSV

Review slides 23–33 of the [IPFQR Program: Patient-Level Reporting](#) webinar for more details about each report.

Key #5: Enter Data and Verify Accuracy

XML File Upload Reports of IPFQR Program Data

- The Submission Detail and Potential Duplicate Reports can be run based on XML files uploaded into either the Test or the Production environment.
- Leverage the Submission Detail and Potential Duplicate Reports after uploading XML files into the Test environment (and before uploading into the Production environment) to ensure file layout and content issues are resolved before the data go to CMS for calculations and public reporting.
- The Case Status Summary Report, like the other reports, can be populated by data submitted via XMLs uploaded into the Test or the Production environment.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

IPFs that do not have a vendor or an information technology department that provides a measure abstraction and reporting tool can use the IPF Module in the CMS Abstraction & Reporting Tool (CART) to generate patient-level XML data files.

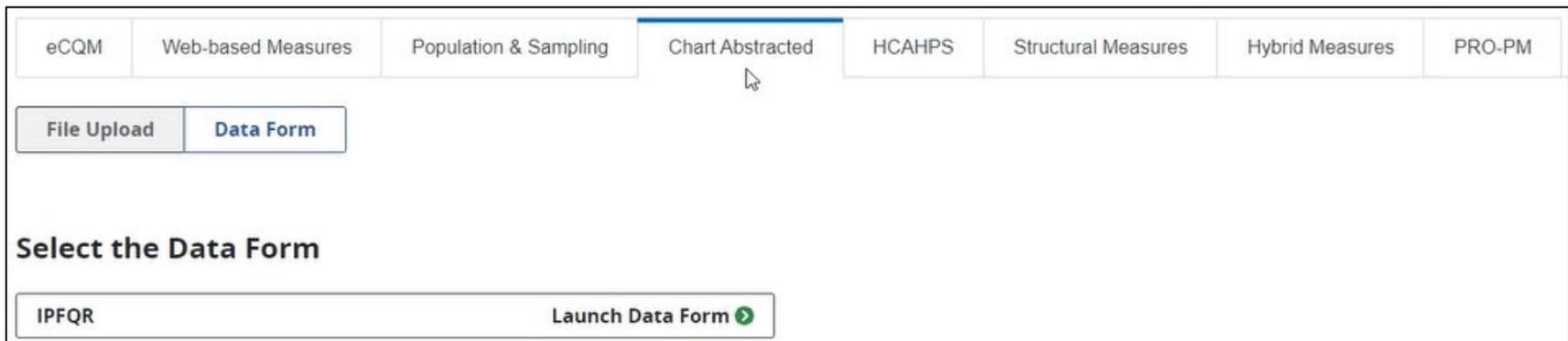
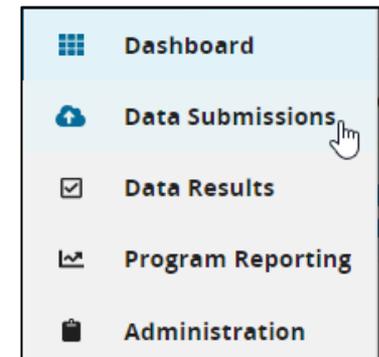
However, since the tool is only coded to abstract and generate XML files for patient-level data, IPFs that use CART will need to manually enter the aggregate, facility-level data values directly into the *HQR Secure Portal* using a form like the simple data entry tool used in prior years to submit aggregate data.

This will include non-measure data and data needed to calculate the denominator value for the HBIPS-2 and HBIPS-3 measures.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

1. To enter facility-level data, access and log into the *HQR Secure Portal*: <https://hqr.cms.gov/hqrng/login>
2. Hover your mouse on the left side of the screen to expand the menu options. Then, select Data Submissions.
3. Click the Chart Abstracted tab.



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

4. Under the Chart Abstracted tab click the Data Form button.
5. Click on the IPFQR Launch Data Form button.

The screenshot shows a web interface with a horizontal navigation bar containing tabs: eCQM, Web-based Measures, Population & Sampling, Chart Abstracted (highlighted with a blue underline), HCAHPS, Structural Measures, Hybrid Measures, and PRO-PM. Below the navigation bar are two buttons: File Upload and Data Form. Underneath is the heading "Select the Data Form" followed by a dropdown menu with "IPFQR" selected and a "Launch Data Form" button with a green arrow icon.

This is a close-up of the "Select the Data Form" dropdown menu. It shows the text "IPFQR" in the dropdown list and the "Launch Data Form" button with a green arrow icon to its right.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

6. A landing page for the facility-level data entry form will appear. Click the Start button to begin the data entry process.

The screenshot shows a web interface for the IPFQR program. At the top left, there is a link '< Data Submissions'. The main heading is 'Inpatient Psychiatric Facility Quality Reporting (IPFQR)'. Below this, the following information is displayed: 'CMS Certification Number: 110142', 'Submission Period: 04/01/2023 - 08/15/2023', and 'With Respect to Reporting Period: 01/01/2022 - 12/31/2022'. The 'Current Submission Period' is shown as 'Open' in green text. On the right side, there is a 'Fiscal Year' dropdown menu set to '2024'. Below the submission information, there is a blue 'Export PDF' button and a green 'Start' button. At the bottom left, it says 'Facility-Level Data (FLD) ⚠ Not Submitted' and 'Facility-Level Data (FLD)'.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Facility-Level Data (FLD)

A blue banner at the top of the screen will display “Facility-Level Data (FLD)” and on the right side of the page is a summary of information, including the CMS Certification Number, submission period, reporting period, and that last date that the data were updated.

* Indicates required field

CMS Certification Number:	110142
Submission Period:	04/01/2023 - 08/15/2023
With Respect to Reporting Period:	01/01/2022 - 12/31/2022
Last Updated:	-

****Important Change****

You **will not** be able to save partial data and must be prepared to enter data into all fields to submit the data to the *HQR Secure Portal*. The IPF is ultimately responsible for consolidating all data that will be entered into the Facility-Level Data entry form.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

The first data entry field that appears at the top of the page is the total annual discharges from the IPF during calendar year 2022.

Once you enter a data value in the Total Annual Discharges field, the following warning message will appear above all subsequent data entry fields: “This field is required.”

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

Age Strata

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Children (1 - 12 years)**
This field is required

* **Adolescent (13 - 17 years)**
This field is required

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

In the next section, enter the total discharge data by age strata based on the age groups displayed in the images below.

Age Strata

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Children (1 - 12 years)**

* **Adolescent (13 - 17 years)**

* **Adult (18 - 64 years)**

* **Older Adult (65 and over)**

Age Strata

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following age groups:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* **Children (1 - 12 years)**

* **Adolescent (13 - 17 years)**

* **Adult (18 - 64 years)**

* **Older Adult (65 and over)**

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

In the next section, enter annual discharge data by diagnostic categories.

Diagnostic Categories

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

- * **Anxiety disorders (651)**
- * **Delirium, dementia, and amnestic and other cognitive disorders (653)**
- * **Mood disorders (657)**
- * **Schizophrenia and other psychotic disorders (659)**
- * **Alcohol-related disorders (660)**
- * **Substance-related disorders (661)**
- * **Other diagnosis - Not included in one of the above categories**

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

If you enter a total annual discharges value that does not equal the sum of one or more strata on the form, then the error below will appear.

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.

The number of Total Annual Discharges does not equal the sum of one or more strata below.

The following slide shows an example in which the sum of the diagnostic category strata do not equal the total annual discharges.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Total Annual Discharges

* Please enter an aggregate, yearly count of your facility's annual discharges.
The number of Total Annual Discharges does not equal the sum of one or more strata below.

Diagnostic Categories

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following diagnostic categories:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Anxiety disorders (651)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Delirium, dementia, and amnestic and other cognitive disorders (653)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Mood disorders (657)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Schizophrenia and other psychotic disorders (659)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

You must re-type correct information in each data entry field that has a warning message in order to submit the data again.

* Alcohol-related disorders (660)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Schizophrenia and other psychotic disorders (659)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Alcohol-related disorders (660)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Substance-related disorders (661)

The number of Total Annual Discharges does not equal the sum of one or more strata below.

* Other diagnosis - Not included in one of the above categories

The number of Total Annual Discharges does not equal the sum of one or more strata below.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Enter the total number of discharged patients that were Medicare vs. non-Medicare beneficiaries.

Payer

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Medicare

* Non-Medicare

Payer

Please enter aggregate, yearly counts of your facility's annual discharges stratified by the following payers:

i The sum of these values must equal the number of Total Annual Discharges, entered above, in order for your submission to be successful.

* Medicare

* Non-Medicare

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Enter the total number of psychiatric inpatient days and the total leave days for Medicare patients and then for non-Medicare patients for the HBIPS-2 and HBIPS-3 measures' denominator calculation.

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Medicare Only

* **Absent from facility**
Total Leave Days - Medicare Only

Sum of number of days each non-Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only

* **Absent from facility**
Total Leave Days - Non-Medicare Only

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Medicare Only

* **Absent from facility**
Total Leave Days - Medicare Only

Sum of number of days each non-Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only

* **Absent from facility**
Total Leave Days - Non-Medicare Only

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

If you enter leave days that are equal to or greater than inpatient days, then you must correct the values and submit again.

You must re-type information in each data entry field that has a warning message in order to submit the data.

HBIPS-2 and HBIPS-3 Denominator

Sum of number of days each Medicare patient was:

* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

* **Absent from facility**
Total Leave Days - Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

Sum of number of days each non-Medicare patient was:

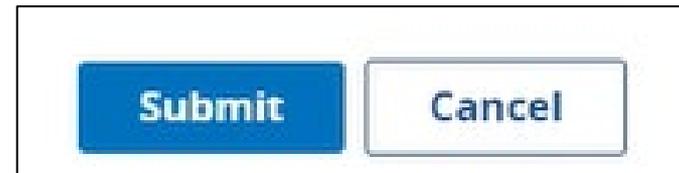
* **Included in psychiatric inpatient census during month**
Psychiatric Inpatient Days - Non-Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

* **Absent from facility**
Total Leave Days - Non-Medicare Only
Inpatient days must be equal to or greater than absent days. Correct the values, then submit again.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Once all data are entered, the Submit button will change from grey to blue at the bottom of the page. Click the Submit button.



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Once the data are successfully submitted in the FLD data entry form, the following message with a green background will appear in the upper right corner of the screen and next to the words **Facility-Level Data (FLD)** you will see a checkmark and the word Submitted.



[< Data Submissions](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: 110142
Submission Period: 04/01/2023 - 08/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: 06/15/2023 11:58 AM

Fiscal Year: 2024

Current Submission Period: **Open** [Export PDF](#)

Facility-Level Data (FLD)  Submitted

Facility-Level Data (FLD)

Updated Jun 15, 2023 at 11:58 AM

HBIPS-2/-3 Denominator | 2000 [Edit](#) 

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Click on the arrow next to the Edit button for an expanded view of the submitted data.

Facility-Level Data (FLD) Submitted

Facility-Level Data (FLD)

Updated Jun 15, 2023 at 11:59 AM

HBIPS-2/-3 | 2220 | [Edit](#) 

Total Annual Discharges

Please enter an aggregate, yearly count of your facility's annual discharges.

100

Age Strata

Children (1 - 12 years)

0

Adolescent (13 - 17 years)

0

Adult (18 - 64 years)

50

Older Adult (65 and over)

50

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

You can also click the Edit button to review the data.



Facility-Level Data (FLD) ✔ Submitted

Facility-Level Data (FLD)

HBIPS-2/-3 Denominator | 2220

Edit 

The Re-submit button will be greyed-out and not accessible unless you change data in one or more fields on the data entry page.

If you edit data in one or more fields, then the Re-submit button will turn dark blue and you must click the button to submit the changes to the *HQR Secure Portal*.



Re-submit Cancel



Re-submit Cancel

If you do not make any changes, click the Cancel button to return to the FLD landing page.

Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

Click the blue Export PDF button to download a two-page PDF of the data that were submitted.

[< Data Submissions](#)

Inpatient Psychiatric Facility Quality Reporting (IPFQR)

CMS Certification Number: #####

Submission Period: 07/01/2024 – 08/15/2023

With Respect to Reporting Period: 01/01/2022 - 12/31/2022

Last Updated: 06/15/2023 11:58 AM

Fiscal Year: 2024

Current Submission Period: **Open**

Export PDF

Facility-Level Data (FLD) ✔ Submitted

Facility-Level Data (FLD)

Updated Jun 15, 2023 at 11:58 AM

HBIPS-2/-3 Denominator: 2000

Edit



Key #5: Enter Data and Verify Accuracy

Access the IPFQR Program Facility-Level Data Form

ipf-fld Data Form Page 1 of 2
Exported 6/15/2023 12:02 PM

ABC MEMORIAL HOSPITAL
CMS Certifications Number: #####

Submission Period: 07/01/2023 - 08/15/2023
With Respect to Reporting Period: 01/01/2022 - 12/31/2022
Last Updated: 6/15/2023 11:59 AM

ipf-fld

All Measures Successfully Submitted!

Measure	Submission Status	Last Updated
Facility-Level Data (FLD)	Submitted	6/15/2023 11:59 AM

Facility-Level Data (FLD)

Please enter an aggregate, yearly count of your facility's annual discharges.

100

Children (1 – 12 years) 0

Adolescent (13 – 17 years) 0

Adult (18 – 64 years) 50

Older Adult (65 and over) 50

Anxiety disorders (651)

Key #4: Prepare Data and Verify Accuracy Prior to Submitting

Check the denominator value for the HBIPS-2 and HBIPS-3 measures:

- Are they the same (i.e., number of psychiatric inpatient days)?
- Are they less than the total number of annual discharges (as reported in the non-measure data entry field)?
- Are they accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days?
- Are they significantly different from previous years' submissions?
- Are they mistakenly reported as the number of days in a calendar year (i.e., 365)?
- Does the denominator value exceed 365 times the total number of beds at the IPF?

Key #6: Review Submission Before Signing the DACA Form

- Review **all** measure and non-measure data for accuracy and completeness **before and after** it is submitted.
- Leverage the FY 2024 IPFQR Provider Participation Report (PPR) and Facility, State, and National (FSN) Report to check the submission status and calculated data values **prior to submitting the DACA.**

For additional guidance about accessing and interpreting the IPFQR PPR and FSN report, refer to slides 24–29 of the On Demand webinar:

[*IPF Specifications Manual, Version 1.2 and Updated Resources Review*](#)

- Review of submitted data **must** be done **prior to** completion and submission of the DACA.
- Submit and/or edit previously submitted measure data as well as complete and submit the DACA **prior to** the submission deadline of **August 15, 2023.**

Key #6: Review Submission Before Signing the DACA Form

If using a third-party vendor:

- Ensure the vendor has been previously authorized.

Refer to slides 22–23 of the On Demand webinar, [*IPF Specifications Manual, Version 1.2 and Updated Resources Review*](#), for guidance regarding vendor management.

- Complete the online DACA form prior to the **August 15, 2023**, deadline.
 - The **facility is responsible** for completion of the DACA form, not the vendor.

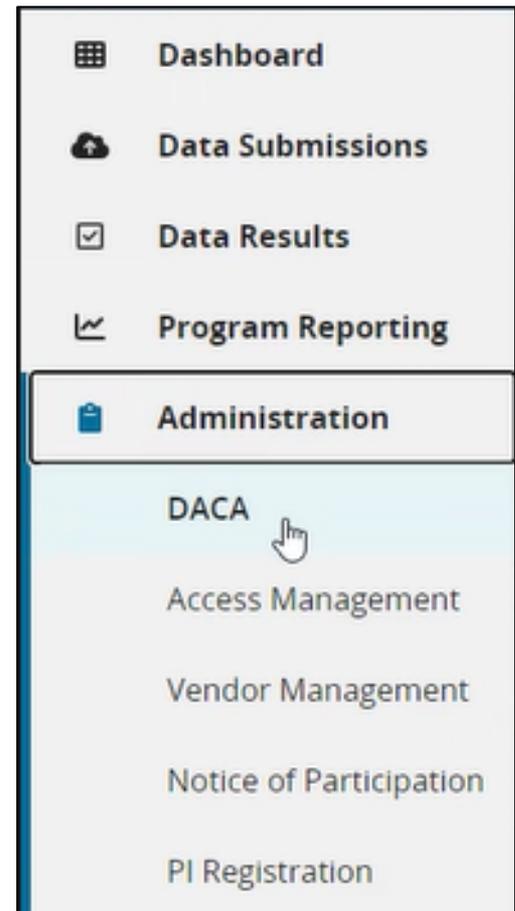
Key #6: Review Submission Before Signing the DACA Form

- The DACA is the only opportunity for IPFs to attest to the accuracy and completeness of the data submitted to CMS.
 - Data will be publicly displayed at a later date.
- IPFs **cannot** enter or edit data **after the submission deadline.**
 - It is **highly recommended** that IPFs enter the data as far in advance of the **August 15, 2023**, deadline as possible.

Key #6: Review Submission Before Signing the DACA Form

You must access the DACA form from the main menu. After logging in to the *HQR Secure Portal*, hover your mouse on the left side of the screen to expand the menu options.

1. Click on Administration.
2. Then, click DACA.



Key #6: Review Submission Before Signing the DACA Form

Data Accuracy and Completeness Acknowledgement (DACA)

The DACA is an annual requirement for providers participating in the Hospital IQR, IPFQR, and PCHQR Programs to electronically acknowledge that the data submitted to these programs by or on behalf of the providers are accurate and complete to the best of their knowledge.

IPFQR IQR/HACRP

Data Accuracy and Completeness Acknowledgement (DACA)

I acknowledge that to the best of my ability all of the information reported for this Inpatient Psychiatric Facility (IPF) Quality Reporting (IPFQR) Program, as required for the Fiscal Year 2024 IPFQR Program requirements, is accurate and complete. This information includes the following:

- All required measure and non-measure data
- Current Notice of Participation (IPFQR) Program

I understand that this acknowledgement covers all IPFQR information reported by this inpatient psychiatric hospital or psychiatric unit (and any data vendor(s) acting as agents on behalf of this IPF) to CMS and its contractors, for the FY 2024 payment determination year. To the best of my knowledge, this information was collected in accordance with all applicable requirements. I understand that this information is used as the basis for the public reporting of quality of care.

I understand that this acknowledgement is required for purposes of meeting any Fiscal Year 2024 IPFQR Program requirements.

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **0938-1171 (Expires 08/31/2025)**. The time required to complete this information collection is estimated to average **10 minutes** per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

CMS Disclosure Statement

Please do not send applications, claims, payments, medical records, or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the IPFQR Support Contractor at (844) 472-4477.

Position

I confirm that the information I have submitted is accurate and complete, to the best of my knowledge.

Key #6: Review Submission Before Signing the DACA Form

To complete the DACA:

1. Enter your job title in the empty field below the word Position.
2. Click the button next to the statement that reads, “I confirm that the information I have submitted is accurate and complete to the best of my knowledge.”
3. Click the Sign button at the bottom of the page.

The screenshot shows a form with the following elements:

- A text input field labeled "Position" containing the text "Quality Director".
- A checkbox with a checkmark, followed by the text "confirm that the information I have submitted is accurate and complete, to the best of my knowledge."
- Two buttons at the bottom: "Sign" (highlighted in red) and "Cancel".

Key #6: Review Submission Before Signing the DACA Form

✓ **Success:** Congratulations! You have successfully acknowledged and signed DACA for IPFQR for this fiscal year.

Signature
Jane Doe

Position
Quality Director

Date
6/15/2023

[Re-Sign](#) [Export Signed DACA PDF](#)

- Once the DACA is submitted successfully, a confirmation message will appear above the signature line.
- The option to export the signed DACA as a PDF form is at the bottom of the page.

What if I edit data after signing the DACA?

If you upload or edit and re-submit any data into the *HQR Secure Portal*, then return to the DACA. Click the Re-Sign button at the bottom of the page to sign the DACA form again to confirm your approval of the edits made. If you do not re-sign the DACA after making changes, your DACA submission will be incomplete.

Key #7: Re-Check All FY 2024 IPFQR Program Requirements

Follow these steps to check whether your facility has met all FY 2024 IPFQR Program requirements prior to the August 15, 2023, deadline.

1. Check NOP.

- Refer to instructions on slides 19–21 of this presentation to ensure the IPFQR Program NOP status is “Participating.”

2. Check accuracy of data.

- Review the IPFQR Provider Participation and Facility, State, and National reports against facility data.

3. Check DACA.

- Ensure that DACA status is complete in the HQR Secure Portal based on instructions provided on slides 74–75.

Review of Keys to Successful Reporting

- Access and log in to the *HQR Secure Portal*.
- Have two active SOs.
- Manage the NOP.
- Prepare and verify accuracy of data prior to submitting.
- Enter and verify accuracy of data.
- Review submission before signing the DACA form.
- Re-check all FY 2024 IPFQR Program Requirements



Note: Confirm all IPFQR Program data reporting requirements have been met before completing the DACA. IPFs cannot change data nor complete the DACA form after the data-submission deadline.

Important Tip

In the event of staff turnover, remember to use the [Hospital Contact Change Form](#) to inform the Inpatient VIQR Support Contractor for the IPFQR Program about key personnel changes. (This includes the CEO and quality reporting contact).

IPFQR Program: Keys to Successful FY 2024 Reporting

Helpful Resources

Helpful Resources: Data Accuracy Tools

Criteria to Identify Questionable Measure and Non-Measure Data

Criteria to Identify Questionable FY 2024 Measure and Non-Measure Data for the Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program

The following criteria are provided to help IPFs identify measure data that may have been entered in error, may be invalid, or may exceed normal parameters by the August 15, 2023, deadline for fiscal year (FY) 2024 payment determination. If you find that your data meet one or more of the criteria listed below, CMS strongly recommends that you recheck the data for accuracy.

The criteria for identifying questionable HBIPS-2 and HBIPS-3 measure data include denominator values that are:

- Different from one another (i.e., not equal to the number of psychiatric inpatient days).
- Less than the Total Annual Discharges reported for the IPF.
- Accidentally multiplied by 24, resulting in a value that represents patient-hours instead of patient-days.
- Significantly different from previous submissions.
- Mistakenly reported as the number of days in a calendar year.
- More than 305 times the total number of beds of the IPF.

Note: An HBIPS-2 measure rate that equals or exceeds six (6) hours per 1,000 patient hours of care should be checked for accuracy. Likewise, an HBIPS-3 measure rate that equals or exceeds four (4) hours per 1,000 patient hours of care should be checked for accuracy.

The criteria for identifying questionable HBIPS-5, SUB-2/2a, SUB-3/3a, TOB-2/2a, TOB-3/3a, IMM-2, Transition Record with Specified Elements Received by Discharged Patients, and Screening for Metabolic Disorders measure data are:

- The denominator is greater than the Total Annual Discharges.
- The numerator exceeds the denominator.

In the SUB-2 measure, is the subset measure denominator greater than the primary measure denominator? For example, check if the SUB-2a denominator is greater than the SUB-2 denominator.

In the SUB-3, TOB-2, and TOB-3 measures, is the subset measure numerator greater than the primary measure numerator? For example, check if the:

- SUB-3a numerator is greater than the SUB-3 numerator.
- TOB-3a numerator is greater than the TOB-3 numerator.

Criteria for identifying questionable non-measure data are the total number of discharges by:

- Age Strata is greater than the Total Annual Discharges.
- Diagnostic category is greater than the Total Annual Discharges.
- Payer category is greater than the Total Annual Discharges.

If you have questions regarding the criteria described above or it pertains to your facility's data in the Hospital Quality Reporting System, email IPFQualityReporting@hqrc.com with "Measure Accuracy Question" in the subject line.

Data Submission Checklist

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Fiscal Year (FY) 2024 Data Submission & Administrative Requirements Checklist for Data Due 8/15/2023

Task	✓
STEP 1a: Submit XML file data.	<input type="checkbox"/>
A. Log in to the Hospital Quality Reporting (HQIR) Secure Portal .	<input type="checkbox"/>
B. Hover over the left side of the screen to expand the menu. Select Data Submissions .	<input type="checkbox"/>
C. Click the Chart Abstracted (NOT Web-based Measures) tab.	<input type="checkbox"/>
D. Confirm XML file layout accuracy in the Test environment. (We suggest IPFs add their vendor upload XML files into the Test environment first to ensure file accuracy/completeness. Click on Test .)	<input type="checkbox"/>
E. Next, click on the Non-Submit File button to upload XML files. You can also drag and drop the XML files into the designated area. <ul style="list-style-type: none"> • If you access more than one Quality Reporting Program, then you can select the appropriate program to upload the XML file(s). Choose IPF Quality Reporting. 	<input type="checkbox"/>
F. After you upload the file, you will see a table with Batch ID and Status columns. <ul style="list-style-type: none"> • Note the Batch ID to review specific uploads in the Submission Detail Report. • The Status column shows whether the XML file was uploaded successfully (accepted/rejected). 	<input type="checkbox"/>
G. When you are ready to upload XML files into the Production environment, click the Change Selection link. Then, under Select a Submission Type , select Production from the drop-down menu. Then, click the View Display Results button. Complete Steps B and F above to upload the XML files in the Production environment.	<input type="checkbox"/>
Attention CMS Abstraction & Reporting Tool (CART) Users	
If your IPF used the IPF Module in CART to abstract patient-level data, then proceed to STEP 1b. If your IPF did not use CART to generate patient-level XML files, then proceed to STEP 2.	
STEP 1b: Submit aggregate, facility-level non-measure data and denominator values for the Hospital-Based Inpatient Psychiatric Services (HBIPS-2 and HBIPS-3 measures)	<input type="checkbox"/>
A. While in to the HQIR System, hover over the left side to expand the options. Select Data Submissions .	<input type="checkbox"/>
B. Click the Chart Abstracted tab then the Data Form button.	<input type="checkbox"/>
C. Under the Select the Data Form sub-header, click the IPFQR Launch Data Form button.	<input type="checkbox"/>
D. A landing page for the facility-level data entry form will appear. Click the Start Button to begin the data entry process.	<input type="checkbox"/>
E. Enter data values in the data entry fields for each of the following FY 2024 submission requirements: <ul style="list-style-type: none"> • Non-Measure Data and Population Counts • HBIPS-2/3 denominator data elements Once each field is populated, click the blue Submit button at the bottom. <p>You may be prompted to enter data into all fields to submit the facility-level data to the system as you will not be able to save partial data.</p>	<input type="checkbox"/>
F. Once the data are submitted, a green box will appear at the top of the page to indicate that Facility-Level Data (FLD) was submitted successfully and sent to the Facility-Level Data (FLD) sub-header will be a checkmark and the word Submitted .	<input type="checkbox"/>
STEP 2: Submit the FY 2024 Data Accuracy and Completeness Acknowledgment (DACA)	<input type="checkbox"/>
A. Log in to the HQIR Secure Portal to review the data for accuracy and completeness.	<input type="checkbox"/>
B. Hover your mouse on the left side of the screen to expand the menu options. Click Administration then DACA .	<input type="checkbox"/>
C. Enter your job title below "Position." Click the button attesting to data accuracy and completeness.	<input type="checkbox"/>
D. Click the Sign button at the bottom of the page.	<input type="checkbox"/>
If data were changed, you must re-sign/submit the DACA to acknowledge that the changes are accurate.	<input type="checkbox"/>
STEP 3: Ensure the IPFQR Program Notice of Participation (NOP) requirement is met.	<input type="checkbox"/>
Access the NOP in the HQIR system under Administration to ensure the status is "Participating."	<input type="checkbox"/>
An active Security Official (SO) is not a requirement, but an active SO is needed to ensure access to the HQIR Secure Portal to meet requirements. Contact the CCSIQ Service Center at (866) 288-8912 to reactivate an SO.	<input type="checkbox"/>

IPFQR Program Submission Period: July 1-August 15, 2023
For guidance on requirements and data verification processes, refer to the FY 2024 IPFQR Program Guide on the QualityNet [IPFQR Program Resources](#) web page. For guidance on measure and XML file layout specifications for surprise 2024 patient-level and facility-level reporting, download the National Inpatient Psychiatric Facility Quality Measures, v1.08, from the QualityNet [IPF Specifications](#) library web page. For other assistance, contact the IPFQR Program Support Center via the QualityNet [Chat](#), [IPF Quality Reporting Center](#) or [866-898-8705](tel:866-898-8705) or (244) 472-4477.

Verification Checklist

Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Fiscal Year (FY) 2024 Data Verification & Administrative Requirements Checklist for Data Due 8/15/2023

Task	✓
STEP 1: Run reports	<input type="checkbox"/>
A. Log in to the Hospital Quality Reporting (HQIR) Secure Portal .	<input type="checkbox"/>
B. Hover your mouse on the left side of the screen to expand the menu. Select Data Results . Then, click Chart Abstracted to access the following reports: <ul style="list-style-type: none"> • Submission Detail - Review information about each XML file uploaded, including the measure set, patient ID, batch ID, patient admit/discharge/event date, upload date, action code, file name, file status, if a test case, and edit message. • Potential Duplicate - Identify potential duplicates to determine if records pertain to two different episodes of care or if duplicate data do not accurately enter a patient identifier. • Case Study Summary - Review measure set counts, including the number of unique cases submitted, accepted, and rejected. 	<input type="checkbox"/>
C. In the File Accuracy tab, under Program, select IPFQR. If your provider participates in another Quality Reporting Program, you may see other programs in the drop-down.	<input type="checkbox"/>
D. Under Report select a report.	<input type="checkbox"/>
E. Under Fiscal Year, select 2024. Below are options for the Submission Detail Report: <ul style="list-style-type: none"> • File Status: Select Accepted or Rejected. • Submission Type: Select Test or Production files. • Batch ID: Enter the Batch ID, if known. 	<input type="checkbox"/>
F. Click the Use Export CSV button. The file will download to your computer at a location determined by your browser settings. Click on the file to open it.	<input type="checkbox"/>
G. To access another report, return to the File Accuracy tab.	<input type="checkbox"/>
Attention CMS Abstraction & Reporting Tool (CART) Users	
If your IPF used the IPF Module in CART to abstract patient-level data, then proceed to STEP 1b. If your IPF did not use CART to generate patient-level XML files, then proceed to STEP 2.	
STEP 1b: Check aggregate, facility-level non-measure data and denominator values for the Hospital-Based Inpatient Psychiatric Services (HBIPS-2 and HBIPS-3 measures)	<input type="checkbox"/>
A. While in the HQIR System, hover over on the left side to expand the menu. Select Data Submissions .	<input type="checkbox"/>
B. Click the Chart Abstracted tab then the Data Form button.	<input type="checkbox"/>
C. Under the Select the Data Form sub-header, select IPFQR Launch Data Form .	<input type="checkbox"/>
D. A landing page for the facility-level data entry form will appear. Data entry is complete if there is a checkmark and the word "Submitted" next to each Facility-Level Data (FLD) sub-header. To view the submitted data in a PDF file, click the Export Data button.	<input type="checkbox"/>
E. If any edits are needed: <ul style="list-style-type: none"> • Click the Edit button next to the HBIPS-2/3 Denominator value and revise the data. • Click the Check Blue Re-submit button at the bottom of the data entry page. 	<input type="checkbox"/>
STEP 2: Confirm FY 2024 Data Accuracy and Completeness Acknowledgment (DACA) submission.	<input type="checkbox"/>
A. Access the DACA form by logging in to the HQIR Secure Portal .	<input type="checkbox"/>
B. Hover over the left side to expand the menu. Click Administration and DACA to view the DACA.	<input type="checkbox"/>
If data were changed, you must re-sign/submit the DACA to acknowledge that the changes are accurate.	<input type="checkbox"/>
STEP 3: Check IPFQR Program Notice of Participation (NOP) status.	<input type="checkbox"/>
Review the NOP in the HQIR system under Administration to ensure status is "Participating."	<input type="checkbox"/>
An active Security Official (SO) is not a requirement, but an active SO is needed to ensure access to the HQIR Secure Portal to meet requirements. Contact the CCSIQ Service Center at (866) 288-8912 to reactivate an SO.	<input type="checkbox"/>
<ul style="list-style-type: none"> • For guidance on IPFQR Program requirements and data verification processes, refer to the FY 2024 IPFQR Program Guide on the QualityNet IPFQR Program Resources web page. • For other assistance, contact the IPFQR Program Support Center via the QualityNet Chat, IPF Quality Reporting Center or 866-898-8705 or (244) 472-4477. 	<input type="checkbox"/>

These resources can be found on the [QualityNet](#) and [Quality Reporting Center](#) websites.

Acronyms

APU	Annual Payment Update	IMM	Influenza Immunization
CART	CMS Abstraction & Reporting Tool	IPF	inpatient psychiatric facility
CCSQ	Center for Clinical Standards and Quality	IPFQR	Inpatient Psychiatric Facility Quality Reporting
CMS	Centers for Medicare & Medicaid Services	NOP	Notice of Participation
CY	calendar year	PPR	Provider Participation Report
DACA	Data Accuracy and Completeness Acknowledgement	SMD	Screening for Metabolic Disorders
FLD	Facility-level data	SO	Security Official
FSN	Facility, State, and National	SUB	Substance Abuse
FY	fiscal year	TOB	Tobacco Use
HARP	Health Care Quality Information Systems Access Roles and Profile	TR	Transition Record
HBIPS	Hospital-Based Inpatient Psychiatric Services	VIQR	Value, Incentives, and Quality Reporting
HQR	Hospital Quality Reporting		

Helpful Resources

IPFQR Program Web Pages
(Click the icons.)



Helpful Resources

Stay up to date...



...and get answers to your questions.



IPFQR Program: Keys to Successful FY 2024 Reporting

Thank you!

Disclaimer

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